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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

★ NOV 15 2019 ★

CV 19-6466 BROOKLYN OFFICE

UNITED STATES OF AMERICA

ex rel. [SEALED],

Plaintiff,

- against -

[SEALED],

Defendants.

Civil Action No.: _____

FALSE CLAIMS ACT
COMPLAINT

[FILED UNDER SEAL]

VITALIANO, J.

POLLAK, M.J.

**FILED IN CAMERA AND UNDER SEAL PURSUANT TO
31 U.S.C. § 3730(b)(2)
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POLLOCK COHEN LLP
60 Broad St., 24th Fl.
New York, NY 10004
(212) 337-5361

Counsel for Plaintiff-Relator

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

UNITED STATES OF AMERICA, the STATE of
NEW YORK, and the CITY of NEW YORK,
ex rel. HYUN YU, Pharm.D.,

Plaintiff,

v.

NUCARE PHARMACY WEST, LLC, THOMAS
WEBSTER, M.D., LEONARD MEGGS, M.D.,
NAHESI LAMBERT-DOORN, M.D.,

Defendants.

Civil Action No.: _____

FALSE CLAIMS ACT
COMPLAINT

[FILED UNDER SEAL]

Qui tam plaintiff and Relator Hyun Yu, Pharm.D., through his undersigned attorneys, hereby brings this action on behalf of the United States of America, the State of New York, and the City of New York against Thomas Webster, M.D., Leonard Meggs, M.D., and Nahesi Lambert-Doorn, M.D. (the “Defendant Physicians”), and NuCare Pharmacy West, LLC (“NuCare”). The claims asserted in this Complaint are based on the facts and information set forth below.

NATURE OF THE ACTION

1. Relator sues Defendants to recover treble damages and civil penalties on behalf of the United States of America, the State of New York, and New York City for their massive fraudulent prescription billing scheme through which they made or caused the submission of false claims for payment to Medicaid, the New York State Health Insurance Program (“NYSHIP”),

and the UFT Welfare Fund¹ (together hereinafter referred to as “Government Healthcare Programs”).

2. Defendants engaged in these widespread frauds against the United States, the State of New York, and the City of New York in violation of the False Claims Act, 31 U.S.C. § 3729 *et seq.* (“FCA”), and the New York False Claims Act, State Fin. Law § 189 *et seq.* (“NYFCA”).

3. Relator is a pharmacist and was hired by Defendant NuCare to supervise NuCare’s 250 Ninth Avenue location in Manhattan.

4. In his role as the supervising pharmacist at this NuCare location, Dr. Yu personally observed millions of dollars of fraudulent prescriptions being written by the Defendant Physicians and billed by NuCare to the Government Healthcare Programs.

5. In October 2019 *alone*, “Medication Orders” for almost 35,000 medications were submitted to NuCare in the name of these three Defendant Physicians with a retail value totaling more than \$100 million.

6. These “Medication Orders” related to almost 4,000 “patients” from all corners of New York State. The identical, or near identical, mix of drugs was billed to insurers for all of these purported patients.

7. The drugs would be appropriate for patients suffering from *all* of the following symptoms: migraine headaches, chronic pain, fungal skin infection, cough, burn injury, skin irritation, scarring, and oral herpes or cold sores.

¹ The UFT Welfare Fund is a City-funded program to provide supplemental benefits to New York City Department of Education employees. It is separate from, and not commingled with, the funds of the United Federation of Teachers (the teachers’ union). And, unlike the union, which is funded by member contributions, the UFT Welfare Fund is *not* funded by members but is instead entirely funded by the City.

8. But it is impossible that the Defendant Physicians collectively examined and diagnosed some 4,000 patients, all with this *same* specific constellation of symptoms in the month of October.

9. And instead of writing legitimate prescriptions, the Defendant Physicians transmitted unlawful “Medication Orders.”

10. Dr. Yu refused to fill the fraudulent prescriptions, but nonetheless observed through the NuCare computer system that many millions of dollars of false prescription orders and bills were nevertheless submitted to, and paid by, insurers, including various Government Healthcare Programs.

I. Parties

A. Relator – Dr. Yu

11. Relator Hyun Yu, Pharm.D. resides in Hudson County, New Jersey. He was hired by NuCare to be the supervising pharmacist of the 250 Ninth Avenue location on or about October 15, 2019.

12. By letter dated November 14, 2019, Relator provided notice to the United States Attorney for the Eastern District of New York and the Attorney General of the State of New York regarding the fraud at issue here.

B. NuCare Pharmacy West, LLC

13. NuCare Pharmacy West, LLC is a New York Limited Liability Corporation that regularly conducts business in New York.

14. NuCare is a retail pharmacy with a physical location at 250 Ninth Avenue, New York, New York.

C. Dr. Thomas Webster

15. Dr. Webster is an aerospace medicine and nuclear medicine doctor who appears to practice with Radiologic Associates, PC in Middletown, New York.

16. Dr. Webster's New York license number is 295776 and his National Provider Identifier ("NPI") is 1154432094.

17. In October 2019 alone, Dr. Webster ordered nearly 22,000 medications totaling to more than \$65 million.

18. These medication orders all bear Dr. Webster's name but many of the medication orders include NPI numbers associated with other doctors.

D. Dr. Leonard Meggs

19. Dr. Meggs is a nephrologist who appears to practice in New Orleans.

20. Dr. Meggs owns the residential property located at 2741 Clover Street, Pittsford, New York.

21. Dr. Meggs's New York license number is 132788 and his NPI is 1265521793.

22. The National NPI database lists Rochester, New York; Geneva, New York; and Penn Yan, New York addresses for Dr. Meggs's mailing address, primary practice, and secondary practice addresses respectively.

23. In October 2019 alone, Dr. Meggs ordered medications through NuCare for New York based patients which cost over \$35 million.

24. Like Dr. Webster, many of the medication orders that bear Dr. Meggs's name include the NPI numbers for different doctors.

E. Dr. Nahesi Lambert-Doorn

25. Dr. Lambert-Doorn is a family medicine physician who owns the property located at 934 Glenwood Road, West Hempstead, New York.

26. Dr. Lambert-Doorn's New York license number is 266817 and his NPI is 1285985911.

27. In the month of October 2019 alone, Dr. Lambert-Doorn ordered \$4.5 million worth of medication through NuCare for New York based patients.

JURISDICTION AND VENUE

28. This Court has subject matter jurisdiction under 28 U.S.C. §§ 1331 and 1345 because this action involves a federal question and the United States is a plaintiff. This Court also has subject matter jurisdiction under 31 U.S.C. § 3732(a) and supplemental jurisdiction over the state law causes of action under 28 U.S.C. § 1367.

29. The Court may exercise personal jurisdiction over Defendants under 31 U.S.C. § 3732(a). The Court has personal jurisdiction over Defendants because they regularly transact business within this District.

30. Venue is proper in this District under 31 U.S.C. § 3732(a) and 28 U.S.C. § 1391(b) & (c) because Defendants transact business or are found within this District and a substantial part of the events establishing the alleged claims arose in this District.

31. This Complaint is not based on a public disclosure as defined in 31 U.S.C. § 3730(e). Relator sues as the original source of information regarding Defendants' violations of the FCA, given that Relator has direct and independent knowledge of the information on which the allegations are based; and/or knowledge that is independent of and materially adds to any allegations or transactions which may have been publicly disclosed (although Relator knows of no such public disclosure).

32. Under 31 U.S.C. § 3730(b)(2), this Complaint was filed *in camera* and under seal and shall not be served on the Defendants until the Court so orders.

33. Pursuant to 31 U.S.C. § 3730(b)(2), contemporaneous with filing the Complaint, Relator will provide the Government with a copy of the Complaint and Relator's written disclosure statement, together with exhibits, of substantially all material evidence and material information in his possession referenced in and/or related to the Complaint.

FACTS

II. Governing Laws

A. The Federal False Claims Act

34. Originally enacted in 1863, the FCA was substantially amended in 1986 by the False Claims Amendments Act. The 1986 amendments enhanced the Government's ability to recover losses sustained because of fraud against the United States.

35. The FCA imposes liability upon any person who "knowingly presents, or causes to be presented [to the Government] a false or fraudulent claim for payment or approval," "knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim," or conspires to do so. 31 U.S.C. § 3729(a)(1). Any person found to have violated these provisions is liable for a civil penalty of not less than \$11,181 and not more than \$22,363 for each such violation, plus three times the damages sustained by the Government.

36. The FCA imposes liability where the conduct is "in reckless disregard of the truth or falsity of the information" and clarifies that "no proof of specific intent to defraud" is required. 31 U.S.C. § 3729(b).

37. The FCA also broadly defines a "claim" to include "any request or demand, whether under a contract or otherwise, for money or property and whether or not the United States has title to the money or property, that - ... is made to a contractor, grantee,

or other recipient if the money or property is to be spent or used on the Government's behalf or to advance a Government program or interest..." 31 U.S.C. § 3729(b)(2)(A).

38. The FCA empowers private persons having information regarding a false or fraudulent claim against the Government to sue on behalf of the Government and to share in any recovery. 31 U.S.C. § 3730(b).

B. The New York State False Claims Act

39. The New York False Claims Act ("NYFCA") largely mirrors the FCA and similarly imposes liability upon any person who "knowingly presents, or causes to be presented a false or fraudulent claim for payment or approval," "knowingly makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim," or conspires to do so. NY State Fin. Law § 189(1)(a)-(c).

40. Any person found to have violated these provisions is liable for a civil penalty of not less than \$11,181 and not more than \$22,363 for each such violation, plus three times the damages sustained by the State. NY State Fin. Law § 189(1).

41. The NYFCA imposes liability where the conduct is "in reckless disregard of the truth or falsity of the information" and clarifies that "no proof of specific intent to defraud" is required. NY State Fin. Law § 188(3).

42. Also like the FCA, the New York law broadly defines a "claim" to include "any request or demand, whether under a contract or otherwise, for money or property that: (i) is presented to an officer, employee or agent of the state or a local government; or (ii) is made to a contractor, grantee, or other recipient, if the money or property is to be spent or used on the state or a local government's behalf or to advance a state or local government program or interest, and if the state or local government (A) provides or has provided any portion of the money or property requested or demanded; or (B) will reimburse such contractor, grantee, or other

recipient for any portion of the money or property which is requested or demanded.” NY State Fin. Law § 188(1).

43. The NYFCA also empowers private persons having information regarding a false or fraudulent claim against the State to sue on behalf of the State and to share in any recovery. NY State Fin. Law § 190(2), (6).

C. The Federal Health Benefit Program

44. Medicaid is a joint federal-state program that provides healthcare benefits for certain groups: primarily the poor and disabled. States administer their own Medicaid programs under federal regulations that govern what services should be provided, and under what conditions. The Centers for Medicare and Medicaid Services (“CMS”) monitors the state-run programs and establishes requirements for service delivery, quality, funding, and eligibility standards. The federal government provides a portion of each state’s Medicaid funding, known as the Federal Medical Assistance Percentage (“FMAP”). The FMAP is based on the state’s per capita income compared to the national average. 42 U.S.C. § 1396d(b).

45. At issue here is the New York Medicaid program, which is jointly funded by New York State and the United States; NYSHIP, which is funded by New York State; and the UFT Welfare Fund, which is funded by the City of New York.

III. The Fake Prescriptions Scheme

A. Medication Orders in Lieu of Legal Prescriptions

46. Beginning in 2006, New York required all prescriptions to be written on an official prescription form (known as an “ONYSRx”), which is recognizable by the distinctive hologram seal and copy-proof paper. *See* 10 CRR-NY 910.6.

47. Legal prescriptions are manually signed and the forms must have serial numbers.

48. Since 2016, with limited exception, all prescriptions must now be written and submitted electronically.

49. Instead of writing or electronically submitting legitimate and legal prescriptions, the Defendant Physicians have been submitting “Medication Orders” to NuCare via fax. Examples of Medication Orders faxed to NuCare and bearing the names of each of the Defendant Physicians is attached hereto as Exhibit A.

50. Dr. Yu refuses to dispense any of the medications listed on a “Medication Order” because the Medication Orders are not written on an ONYSRx and are not legal and valid prescriptions.

51. However, Dr. Yu has observed through the NuCare computer system that NuCare has nevertheless billed Government Healthcare Programs for a large number of the unfilled Medication Orders, and the Government Healthcare Programs have in fact paid a substantial volume of these bills.

B. The Medication Orders

52. The Medication Orders written by the Defendant Physicians and billed by NuCare are very nearly uniform.

53. The vast majority of the Medication Orders call for the dispensing of the same mix of very expensive drugs.

54. The constellation of symptoms for which this mix of drugs would be appropriate includes *all* of the following: migraine headaches, chronic pain, fungal skin infection, GERD (gastroesophageal reflux disease) and related ulcers, cough, burn injury, skin irritation, scarring, *and* oral herpes or cold sores.

55. Most of the Medication Orders also included muscle relaxants, multivitamins, probiotics, and at least one topical anesthetic.

56. It is impossible that the Defendant Physicians collectively examined and diagnosed 3,988 patients, *all* presenting with this same specific constellation of symptoms in the month of October.

57. Indeed, the Defendant Physicians are simply not examining and diagnosing the people for whom they are writing Medication Orders.

58. Moreover, the medications which are listed on the Medication Orders are generally very expensive versions of sometimes common treatments.

59. For example, the vast majority of the Medication Orders include Ketoprofen, which is a nonsteroidal anti-inflammatory drug (NSAID) very similar to Ibuprofen (such as Motrin, Advil, and Nuprin) and used to treat the same or similar symptoms. Unlike Ibuprofen, Ketoprofen is only available by prescription and costs \$50 on average for 30 pills. In contrast, Ibuprofen can be found for less than \$5 for 100 pills

60. Chlorzoxazone, one of the muscle relaxants, retails for more than \$2,000.

61. The cold sore medicine, Sitavig, costs over \$1,000 per dose pack, while Genicin Vita-S, one of the multivitamins, costs more than \$3,000.

62. And nearly every “Medication Order” also includes SIL-K 2X5.5 pads, which are used to treat scars and cost around \$5,000 at retail.

C. The Telemarketing Component

63. Almost immediately after beginning to work for NuCare, Dr. Yu began receiving phone calls from concerned and confused individuals.

64. These individuals were the putative “patients” and unwitting subjects of the Medication Orders.

65. These individuals had themselves received calls from unknown telemarketers.

66. The telemarketers tried to push various medications and medical diagnoses on the “patients,” sometimes identifying themselves as (purportedly) calling from the patients’ insurance companies.

67. The telemarketers would seem to read a list of medications and medical conditions and then offer to order medications for the “patients.”

68. Many of the people who received these calls rejected the offered medications, only to later learn that their insurance had nonetheless been billed for the medications anyway.

a. Patient LZ

69. For example, Patient LZ received one such phone call and rejected all of the offered medications because LZ did not suffer from any of the associated medical conditions and had not sought and did not need or want the medications.

70. Nevertheless, the below medications were ordered for LZ by Dr. Webster:

- a. Ketoprofen 25mg;
- b. Oxiconazole Nitrate 1% Cream;
- c. Omeprazole-Bicarb 20-1,100;
- d. Benzonatate 150mg;
- e. Bensal HP 3% Ointment;
- f. Hydrocort Buty 0.1% Lipid;
- g. Lidocaine-Tetracaine 7%-7%;
- h. Chlorzoxazone 250mg;
- i. Entty Spray Emulsion;
- j. SIL-K 2X5.5 Pad;
- k. Sitavig 50mg Buccal Tablet;
- l. Genicin Vita-S;

- m. Folic-K;
- n. Calcipotriene 0.005% Ointment; and
- o. Prodigen.

71. In addition, the NuCare computer systems indicate that NuCare billed for Nicazyme on the same date for LZ, although this drug does not seem to appear on the “Medication Order”.

b. Patient ET

72. Patient ET had a similar experience. ET was called by a telemarketer and offered a similar set of drugs, all of which ET rejected.

73. Even though ET had never heard of or interacted with Dr. Meggs, Dr. Meggs wrote a Medication Order for ET that included the below list of drugs:

- a. Oxiconazole Nitrate 1% Cream;
- b. Benzonatate 150mg;
- c. Cyclobenzaprine 7.5mg;
- d. Prodigen;
- e. Bensal HP 3% Ointment;
- f. Hydrocort Buty 0.1% Lipid;
- g. Lidocaine-Tetracaine 7%-7%;
- h. Entty Spray Emulsion;
- i. SIL-K 2X5.5 Pad;
- j. Sitavig 50mg Buccal Tablet;
- k. Genicin Vita-S; and
- l. Folic-K.

74. In addition, the NuCare computer systems indicate that NuCare billed for the following drugs on the same date for ET, although these drugs do not seem to appear on the “Medication Order”:

- a. Aspirin-Dipyridam ER 25-200mg;
- b. Nicazyme;
- c. Metaxalone 800mg;
- d. Capsaicin 0.025% Cream; and
- e. Methyl Salicylate 25% Cream.

c. Patient WK

75. A similar list of drugs was ordered by Dr. Meggs for patient WK, whose medications were paid by Medicaid.

76. The below listed medicines were listed on a Medication Order for WK:

- a. Fenoprofen 400mg;
- b. Benzonatate 150mg;
- c. Prodigen;
- d. Lidocaine-Tetracaine 7%-7%;
- e. Chlorzoxazone 250mg;
- f. Sitavig 50mg Buccal Tablet; and
- g. Genicin Vita-S.

77. In addition, the NuCare computer systems indicate that NuCare also attempted to bill for the following drugs on the same date for WK, although these drugs do not seem to appear on the “Medication Order”:

- a. Folic-K;
- b. Metaxalone 800mg;
- c. Capsaicin 0.025%;
- d. Methyl Salicylate 25%; and
- e. Nicazyme.

IV. Government Billing Data

78. During the month of October, some \$65 million, \$35 million, and \$4.5 million in medications were written by Dr. Webster, Dr. Meggs, and Dr. Lambert-Doorn, respectively.

79. Of these totals, the following table represents the amounts apparently paid by Medicaid-funded programs.²

	Qty. Rx	RxCost (total)	InsPaid (total)
LAMBERT-DOORN, NAHESI DR.	5	\$10,430.60	\$7,010.57
Excellus Health Plan, Inc.?	1	\$2,459.96	\$1,256.12
Healthfirst Medicaid Managed Care Plan	2	\$2,109.64	\$1,340.96
Healthfirst Medicaid Managed Care Plan*	1	\$4,480.00	\$3,591.22
Possibly NY Medicaid, possibly not	1	\$1,381.00	\$822.27
MEGGS, LEONARD DR.	216	\$370,046.36	\$251,730.42
CVS/Caremark: New York Managed Medicaid	22	\$34,193.10	\$21,419.88
Empire BlueCross BlueShield Health Plus*	23	\$50,004.46	\$34,408.54
Excellus Health Plan, Inc.?	1	\$4,918.91	\$1,949.94
Healthfirst Medicaid Managed Care Plan	39	\$65,892.26	\$47,831.09
HealthNow / BCBS WNY	1	\$2,459.96	\$975.57
Medicaid MetroPlus Health Plan	26	\$41,506.55	\$27,039.45
MetroPlus Health Plan	1	\$2,991.00	\$1,943.40
NY Medicaid?	37	\$90,025.32	\$65,925.97
Possibly NY Medicaid, possibly not	22	\$47,083.32	\$31,866.88
United Healthcare	3	\$5,327.10	\$3,761.75
United Healthcare Community Plan of New York	29	\$7,198.38	\$1,555.84

² Note that, given the variety of managed care plans, this table is Dr. Yu's best understanding of which prescriptions were covered by Medicaid-funded programs, with the yellow highlighting indicating the plans that he is certain are Medicaid funded.

* Dr. Yu believes (but is not sure) that this prescription, and the Empire BlueCross BlueShield Health Plus prescriptions marked with an asterisk below, were paid for by a Medicaid-funded program.

	Qty. Rx	RxCost (total)	InsPaid (total)
YourCare Health Plan	12	\$18,446.00	\$13,052.11
WEBSTER, THOMAS	404	\$867,701.86	\$605,887.96
CDPHP?	8	\$28,119.26	\$22,283.84
CVS/Caremark: New York Managed Medicaid	14	\$33,298.44	\$21,568.78
Empire BCBS?	12	\$28,992.00	\$19,911.36
Empire BlueCross BlueShield Health Plus*	52	\$108,573.81	\$73,838.36
Excellus Health Plan, Inc.	11	\$19,214.36	\$11,701.84
Fidelis Care	4	\$3,787.22	\$2,488.98
Healthfirst Medicaid Managed Care Plan	42	\$69,973.96	\$50,447.78
HealthNow / BCBS WNY	9	\$34,225.39	\$27,285.84
Medicaid MetroPlus Health Plan	43	\$116,616.10	\$75,268.89
MetroPlus Health Plan	16	\$30,506.88	\$19,744.83
MVP	4	\$16,546.00	\$11,966.36
NY Medicaid?	64	\$205,025.76	\$151,963.11
Possibly NY Medicaid, possibly not	48	\$105,096.72	\$74,025.75
United Healthcare	2	\$3,754.50	\$2,793.58
United Healthcare Community Plan of New York	44	\$12,351.36	\$2,979.13
YourCare Health Plan	31	\$51,620.10	\$37,619.53
TOTAL			\$864,628.95

80. In addition, Dr. Yu has identified that Dr. Lambert, Dr. Meggs, and Dr. Webster have ordered some \$3 million in medications for which NYSHIP paid \$2.4 million in the month of October alone.

	Qty. Rx	RxCost (total)	InsPaid (total)
LAMBERT-DOORN, NAHESI DR.	24	\$72,300.14	\$57,541.98
NYSHIP—New York State Health Insurance Program, Student Employee Health Plan (SEHP)			
MEGGS, LEONARD DR.	270	\$857,931.65	\$671,734.63
NYSHIP—New York State Health Insurance Program, Student Employee Health Plan (SEHP)			
WEBSTER, THOMAS	629	\$2,037,412.25	\$1,589,993.63
NYSHIP—New York State Health Insurance Program, Student Employee Health Plan (SEHP)			
TOTAL			\$2,319,270.24

81. Finally, it appears that Dr. Lambert, Dr. Meggs, and Dr. Webster have ordered approximately \$125,000 in medications for which UFT Welfare Fund paid some \$75,000 during the month of October.

	Qty. Rx	RxCost (total)	InsPaid (total)
LAMBERT-DOORN, NAHESI DR.	1	\$2,991.00	\$2,383.31
MEGGS, LEONARD DR.	27	\$46,682.26	\$26,315.86
WEBSTER, THOMAS	39	\$76,548.25	\$46,110.63
TOTAL			\$74,809.80

82. In total, during the month of October 2019 alone, the Defendants Physicians wrote and NuCare billed Government Healthcare Programs for over 1,500 different false prescriptions for a total prescription cost of nearly \$4.4 million and the various Government Healthcare Programs actually paid more than \$3.2 million in false claims.

83. Upon information and belief, October is not the first, nor the last, month Defendants operated this widespread fraudulent scheme.

84. Indeed, NuCare maintains several locations in New York and the same owners own (or have equity stakes) in other pharmacies across the country including in California, Illinois, and Texas.

85. Upon information and belief, this same, or a similar, scam is being run at multiple of these locations.

CAUSES OF ACTION

COUNT I – VIOLATION OF 31 U.S.C. § 3729(a)(1)(A) (All Defendants)

86. Plaintiff Relator repeats and re-alleges the preceding paragraphs as if fully set forth herein.

87. The False Claims Act, 31 U.S.C. § 3729(a)(1)(A), imposes liability upon those who knowingly present or cause to be presented false claims for payment or approval.

88. Defendants knowingly caused to be presented false or fraudulent claims for payment or approval to the United States for various medications that were not reasonable and

necessary or were not actually dispensed and therefore were not reimbursable by the relevant Government Healthcare Programs.

89. Defendants knew or should have known (as defined in 31 U.S.C. § 3801(a)(5)) that they had caused to be made false or fraudulent claims for payment to Government Healthcare Programs.

90. Each of the claims caused to be submitted by Defendants is a separate false and fraudulent claim.

91. Defendants caused to be presented these claims knowing their falsity, or in deliberate ignorance or reckless disregard that such claims were false.

92. The United States was unaware of the foregoing circumstances and conduct of Defendants and, in reliance on said false and fraudulent claims, authorized payments to be made on the false claims Defendants caused to be made, made such payments, and has been damaged.

93. Because of these false or fraudulent claims submitted or caused to be submitted by Defendants, the United States has been damaged in an amount to be determined at trial.

**COUNT II – Violation of 31 U.S.C. § 3729(a)(1)(B)
(Against All Defendants)**

94. Plaintiff Relator repeats and re-alleges the preceding paragraphs as if fully set forth herein.

95. The False Claims Act, 31 U.S.C. § 3729(a)(1)(B), imposes liability upon those who knowingly make, use, or cause to be made or used false records or statements material to a false or fraudulent claim.

96. Defendants knowingly and willfully violated the False Claims Act by making, using, or causing to be made or used, false records or statements material to false or fraudulent claims.

97. Specifically, for purposes of obtaining or aiding to obtain payment or approval of claims made to Government Healthcare Programs, Defendants made or presented, or caused to be made or presented, to the United States false or fraudulent records, knowing these records to be false or fraudulent, or acting with reckless disregard or deliberate ignorance thereof.

98. Each medical record, Medication Order, bill, and invoice submitted to the government in support of Defendants' above-described false claims is a separate false record or statement and separate violation of 31 U.S.C. § 3729(a)(1)(B).

99. The United States was unaware of the foregoing circumstances and conduct of the Defendants and, in reliance on said false and fraudulent records, authorized payments to be made to the Defendants, made such payments, and has been damaged.

100. Because of these false or fraudulent statements submitted or caused to be submitted by Defendants, the United States paid the claims, resulting in damages to the United States in an amount to be determined at trial.

**COUNT III – VIOLATION OF 31 U.S.C. § 3729(a)(1)(C)
(All Defendants)**

101. Plaintiff Relator repeats and re-alleges the preceding paragraphs as if fully set forth herein.

102. The False Claims Act, 31 U.S.C. § 3729(a)(1)(C), imposes liability upon those who conspire to commit a violation of another sub-section of the False Claims Act.

103. Defendants knowingly, in reckless disregard, and/or in deliberate ignorance of the truth conspired between themselves, with their employees and administrators, and others, to violate the False Claims Act.

104. Defendants conspired to submit or cause to be submitted false and fraudulent claims related to the Medication Orders and associated bills described above.

105. Defendants did in fact cause the submission of false and fraudulent claims for the false and fraudulent Medication Orders.

106. As a consequence of their conspiracies, the United States paid these claims when it would not have but for Defendants' unlawful conduct.

107. As a result of these conspiracies, and the resulting false or fraudulent claims submitted or caused to be submitted by Defendants, the United States paid the claims, resulting in damages to the United States in an amount to be determined at trial.

**COUNT IV – Violation Of New York False Claims Act
State Fin. Law § 189(1)(a)
(All Defendants)**

108. Plaintiff Relator repeats and re-alleges the preceding paragraphs as if fully set forth herein.

109. Defendants violated State Finance Law § 189(1)(a) in that they knowingly presented, or caused to be presented, a false or fraudulent claim for payment.

110. Defendants knowingly caused to be presented false or fraudulent claims for payment or approval to Government Healthcare Programs funded by New York State and/or New York City for various medications that were not reasonable and necessary or were not actually dispensed and therefore were not reimbursable by the relevant Government Healthcare Programs.

111. All such monies were for use by New York State or New York City and the State and City were damaged by Defendants' conduct.

112. The State of New York and New York City were unaware of the foregoing circumstances and conduct of the Defendants and, in reliance on said false and fraudulent claims,

authorized payments to be made on the false claims the Defendants caused to be made, made such payments, and have been damaged.

113. Because of these false or fraudulent claims submitted or caused to be submitted by Defendants, the State of New York and New York City have damaged in an amount to be determined at trial.

**COUNT V – Violation Of New York False Claims Act
State Fin. Law § 189(1)(b)
(All Defendants)**

114. Plaintiff Relator repeats and re-alleges the preceding paragraphs as if fully set forth herein.

115. Defendants violated State Finance Law § 189(1)(b) in that they knowingly made, used, or caused to be made or used false records or statements material to a false or fraudulent claim.

116. Specifically, for purposes of obtaining or aiding to obtain payment or approval of claims made to Government Healthcare Programs, the Defendants made or presented, or caused to be made or presented, to the State of New York and/or New York City false or fraudulent records, knowing these records to be false or fraudulent, or acting with reckless disregard or deliberate ignorance thereof.

117. Each medical record, Medication Order, bill, and invoice submitted to a Government Healthcare Program funded in whole or in part by the State of New York and/or New York City in support of the above-described false claims is a separate false record or statement and separate violation of State Fin. Law § 189(1)(b).

118. The State of New York and New York City were unaware of the foregoing circumstances and conduct of Defendants and, in reliance on said false and fraudulent records, authorized payments to be made to Defendants, made such payments, and has been damaged.

119. Because of these false or fraudulent statements submitted or caused to be submitted by Defendants, the State of New York and/or New York City paid the claims, resulting in damages to the State of New York and New York City in an amount to be determined at trial.

**COUNT VI – Violation Of New York False Claims Act
State Fin. Law § 189(1)(c)
(All Defendants)**

120. Plaintiff Relator repeats and re-alleges the preceding paragraphs as if fully set forth herein.

121. Defendants violated State Finance Law § 189(1)(c) in that they conspired to submit false claims for presentment and make false statements material to the false claim.

122. Defendants knowingly, in reckless disregard, and/or in deliberate ignorance of the truth conspired between themselves, with their employees and administrators, and others, to violate the New York False Claims Act.

123. Defendants conspired to cause to be submitted false and fraudulent claims related to the Medication Orders and associated bills described above.

124. Defendants did in fact cause the submission of false and fraudulent claims for the false and fraudulent Medication Orders.

125. As a consequence of their conspiracies, the State of New York and New York City paid these claims when it would not have but for Defendants' unlawful conduct.

126. As a result of these conspiracies, and the resulting false or fraudulent claims submitted or caused to be submitted by Defendants, the State of New York and New York City paid the claims, resulting in damages to the State of New York and New York City in an amount to be determined at trial.

PRAYER FOR RELIEF

WHEREFORE, Plaintiff-Relator demands and prays that judgment be entered against Defendants, jointly and severally, as to the federal claims as follows:

- A. ordering that Defendants cease and desist from violating the False Claims Act, 31 U.S.C. § 3729 *et seq.*;
- B. directing that each Defendant pay an amount equal to three times the amount of damages the United States has sustained because of such Defendant's actions;
- C. directing that each Defendant, pursuant to the False Claims Act, 31 U.S.C. §§ 3729 *et seq.*, pay penalties of not less than \$11,181 and not more than \$22,363 for each such Defendant's violation of the False Claims Act;
- D. granting Relator the maximum amount allowed under 31 U.S.C. § 3729, and/or any other applicable provision of law;
- E. directing that each Defendant, jointly and severally, pay Plaintiff-Relator's fees and costs, including attorneys' fees, as provided by the False Claims Act;
- F. directing that each Defendant pay interest on all sums ordered paid;
- G. ordering that Relator recover such other relief as the Court deems just and proper; and
- H. granting such other and further relief as the Court deems just and proper.

AND WHEREFORE, Plaintiff-Relator demands and prays that judgment be entered against Defendants, jointly and severally, as to the claims under New York law as follows:

- A. ordering that Defendants cease and desist from violating the NYFCA;
- B. directing that Defendants pay an amount equal to three times the actual damages suffered by the State of New York and New York City and not less than \$11,181 and not more than \$22,363 for each such violation of the NYFCA, plus pre-judgment interest as appropriate;

- C. directing that Defendants pay Plaintiff-Relator's fees and costs, including attorneys' fees, as provided by the NYFCA;
- D. granting Plaintiff-Relator the maximum amount allowed under New York State Fin. Law § 190 and/or any other applicable provision of law;
- E. directing that Defendants pay interest on all sums ordered paid;
- F. ordering that Relator recover such other relief as the Court deems just and proper; and
- G. granting such other and further relief as the Court deems just and proper.

REQUEST FOR TRIAL BY JURY

Pursuant to Rule 38 of the Federal Rules of Civil Procedure, Relator hereby requests a trial by jury.

Dated: November 15, 2019
New York, NY

POLLOCK COHEN LLP

By: 

Adam L. Pollock
60 Broad St., 24th Floor
New York, NY 10004
Adam@PollockCohen.com
(212) 337-5361
Counsel for Plaintiff Relator

Exhibit A

Rechts 3

3 Refills X

Reliefs

© 2006 The Authors
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Oxiconazole Nitrate 1%.

107-0

RX Feingroßen 400mg

None

...is authorizing pharmacy

[illegible]

Thomas Webster
Fax: 16314860160
To:

Relis

Sig: TAKE 1 CAPSULE BY MOUTH EVERYDAY AS NEEDED 30 caps

Figure 1 shows a 1D lattice chain with sites and hopping. The chain is represented by a series of circles (sites) connected by horizontal lines (hopping). The diagram is labeled "1D Lattice Chain" and "Hopping".

dlindeleide 5 mg *CEnzyme Q-10 (ubiquinone) 50 mg 2 Balle 30 Tage

Sig: Take 1 tablet by mouth twice daily. Vitamin C (as ascorbic acid) 125 mg 209% - Vitamin D3 (as cholecalciferol) 500 IU 125% Thiamin (Vitamin B1 as thiamin HCl) 25 mg 1,667% Vitamin D6 (as pyridoxal 5 phosphate) 12.5 mg 625% Folic Acid 1 mg 50%.

If the above Rx is NOT covered under the patient's insurance, please substitute with the following Rx

OrthoDT

Azeco 13mg IRON/1MG FOLIC ACID
Sig: Take one tablet by mouth twice Daily 50 Tabs

Genicin Vita-Tablet 1mg-100mg 300mcg
Take one tablet by mouth twice daily 60 Tabs





will be fading the inside of your lip. Hold SITAVIG in place by applying a slight pressure with your finger on the outside of your upper lip, over the area where SITAVIG is placed, for 30 seconds QTY 2 TABS

Stavla 50mg

SPRAY = 250 ml

Sig: Apply 2-3 GMS to AA(s) 3-4 times daily (1 gram = 1 dime size) QTY: 120 Grams.

Hydrocortisone Butyrate 0.1% Cream
Sig. Apply a thin layer (1-2 gms) to affected area(s) 3 times a day. 1 gram = dime size
QTY: 120 Grams

Relis X

Name _____

DU 83

Morgan et al.

scribed medication. By signing this prescription, prescriber

Allergies

DEA FW2263591

Fax (000) 000-0000

Address 185 Rykowski Lane, Suite 101
City Middletown NY 10941

Dr. Thomas Webster

Exhibit 11 of 11

Where are the scars located?

What caused the scars?

Are you experiencing Pain?

How often do you feel pain?

Does the pain come during activity?

At what time do you feel the pain?

On a scale of 1-10, how would you rate the severity of pain?

What areas of your body are you experiencing pain?

What type of pain?

Do you have health insurance?

Are you under 65?

Do you have Arthritis?

Are you Diabetic? no

Allergic to Medications? no

Allergic Medications (if yes to Iodocaine, oral or topical? If yes to sulfa, was it antibiotic or anti-inflammatory?

What is the name of your Health Insurance Carrier?

What is the Policy Number?

What is the PCN number?

What is the BIN number?

What is the Group Number?

Insurance Phone Number? (800) 922-1557

Rash Area Located?

Are you currently dealing with any of the following

Fungal infection?

What area is the (fungal) issue located? (Please be specific) None

Have you been diagnosed or are you currently dealing with Dry Mouth? no

Do you suffer from Heartburn, GERD, indigestion or acid reflux? no

If yes, how long have you been experienced it?

Do you recall being tested for H. Pylori bacteria in your stomach? NO

Are there any other medical conditions you are dealing with? NO

What medications are you currently taking?

Are you currently pregnant? no

How often do you experience a common cough? ONCE A YEAR

Are you aware of what is causing the cough? COLDS

Do you ever experience any other breathing issues? Such as asthma, Bronchitis,

Emphysema? None Currently

Would you benefit from a multivitamin? YES

Consultation Notes: ((Consultation Notes))

Signature

Date

From: Leonard Meggs

Fax: 13157415679

To:

Fax: (212) 462-0040

Page: 19 of 80

10/11/2019 8:55 AM

Patient

Name

Address

City/State/Zip

WOODMERE NY

DOB

Phone#

Email

noemail@email.com

PCN#

adv

Ins Name

caremark

Member ID#

GRP#

Allergies

morphine

Pain

none

Cold Sores

Fungal

active fungus that is c: feet

Rash

legs, arms

Scar

no

Patient approves automatic refills

Prescriber

Name

Dr. Leonard Meggs

Address

2741 Clover Street

City

Pittsford NY 01453

Phone#

5(16-) 261-214

Fax

NPI

1588854921

DEA

AM1423526

Signature

Leonard Meggs, MD
(Leonard Meggs, MD) (000111, 2019)

Date

Oct 11, 2019

Substitutions are applicable if patient's insurance does not cover prescribed medication. By signing this prescription, prescriber is authorizing pharmacy to substitute as necessary.

Medication Order**RX Fenoprofen 400mg**

Sig Take 1 capsule by mouth 3 to 4 times daily as needed for joint or arthritis pain QTY: 120 Capsules

*If the above RX is NOT covered under the patient's insurance, please substitute with the following RX

Ketoprofen 25 mg Capsules

Sig Take 2 Capsules by mouth every four hours as needed QTY: 300 Caps

*If the above RX is NOT covered under the patient's insurance, please substitute with the following RX

Fenoprofen 200 mg Capsule

Sig TAKE 1-2 CAPSULES BY MOUTH UP TO FOUR TIMES DAILY AS NEEDED FOR PAIN QTY: 200 Caps

**Bensal HP**

Sig APPLY 1-2 GRAMS TO AFFECTED AREAS 4 TIMES A DAY 1 gram = dime size QTY: 120 Grams

& Hydrocortisone Butyrate 0.1% Cream

Sig Apply a thin layer (1-2 gms) to affected area(s) 3 times a day 1 gram = dime size QTY: 120 Grams

& Lidocaine 7% /Tetracaine 7% Cream

Sig Apply a thin layer (1-2 gms) to affected area(s) 3-4 times a day Peel off after waiting the required application time as directed (max application time of 60 minutes 1 gram = dime size QTY: 120 Grams

& Chlorzoxazone 250 mg

Sig TAKE 2 Tablets 3 TO 4 TIMES DAILY AS NEEDED FOR PAIN AND MUSCLE SPASM QTY: 240 Tabs

Anyone that receives a topical pain medication shall also be prescribed Enty Spray (below) to assist with the skin after use

Enty Spray

Sig Spray a small amount to affected area 4 times daily (or after other topical use) 1 SPRAY = 2ML QTY: 250 ml

**Sitavig 60mg**

Sig Apply 1 tablet orally of the round side of SITAVIG to your upper gum. The flat side will be facing the inside of your lip. Hold SITAVIG in place by applying a slight pressure with your finger on the outside of your upper lip, over the area where SITAVIG is placed, for 30 seconds QTY 2 TABS

**Genicin Vita-e Tablet 1mg-100mg 300mcg**

Take one tablet by mouth twice daily 60 Tabs

*If the above RX is NOT covered under the patient's insurance, please substitute with the following RX

Azescio 13mg IRON/1MG FOLIC ACID

Sig Take one tablet by mouth twice Daily 60 Tabs

*If the above RX is NOT covered under the patient's insurance, please substitute with the following RX

Ortho DF

Sig Take 1 Capsule by mouth twice daily 2 Bottles 30 Day supply Vitamin D3 3775 IU 944% Folic Acid 1 mg 250% 60 Capsules

*If the above RX is NOT covered under the patient's insurance, please substitute with the following RX

Xyzbac

Sig Take 1 tablet by mouth twice daily Vitamin C (as ascorbic acid) 125 mg 208% -Vitamin D3 (as cholecalciferol) 500 IU 125%Thiamin (Vitamin B1 as thiamin HCl) 25 mg 1,667% Vitamin B6 (as pyridoxal 5' phosphate) 12.5 mg 625% Folic Acid 1 mg 250% Vitamin B12 (as methylcobalamin) 1 mg 15,667% NADH (reduced nicotinamide-adenine dinucleotide) 5 mg *CoEnzyme Q-10 (ubiquinone) 50 mg 2 Bottle= 30 Days

**Oxiconazole Nitrate 1%**

Sig Apply 2-3 gms to affected area(s) 3-4 times daily (1 gram = 1 Dime size) QTY: 120 Grams

**Omeprazole/Sodium Bicarbonate 20/1100mg**

Sig Take one capsule by mouth once daily on empty stomach at least one hour before meal QTY: 30 Capsules

**Benzonatate Capsules 160mg**

Sig Take 1 capsule by mouth up to 3 times daily as needed for cough QTY: 90 Caps



Prodigen Probiotic Support 31 Billion CFU's
Sig TAKE 1 CAPSULE BY MOUTH EVERYDAY AS NEEDED 30 Caps

**Hydrocortisone Butyrate 0.1% Cream**

Sig Apply a thin layer (1-2 gms) to affected area(s) 3 times a day 1 gram = dime size QTY: 120 Grams

& Bensal HP

Sig Apply 2-3 GMS to AA(s) 3-4 times daily (1 gram = 1 dime size) QTY: 120 Grams

Enty Spray

Sig Spray a small amount to affected area 4 times daily (or after other topical use) 1 SPRAY = 2ML QTY: 250 ml

**Bl-k 2' x 5 .5 Pad**

Peel off the strip and place the sticky side of the pad directly onto the scar. Leave on for 8-12 hours per day then remove QTY: 4 30 Day Supply

**DIHYDROERGOTAMINE 4 MG/ML 6SPRY**

Use 1 spray into each nostril. Do not tilt your head back, sniff through your nose, or blow your nose while spraying or immediately after. Use another spray into each nostril 15 minutes after the first sprays, or use as directed by your doctor QTY: 8 ML



From: Leonard Meggs Fax: 13157415679 To: Fax: (212) 462-0040 Page: 20 of 80 10/11/2019 8:55 AM

Consultation Notes

Where are the scars located? none

What caused the scars?

Are you experiencing Pain?

How often do you feel pain? no pain

Does the pain come during activity? no

At what time do you feel the pain? no pain

On a scale of 1-10, how would you rate the severity of pain? no pain

What areas of your body are you experiencing pain?

What type of pain? none

Do you have health insurance?

Are you under 65?

Do you have Arthritis? no

Are you Diabetic? no

Allergic to Medications? yes

Allergic Medications (If yes to lidocaine, oral or topical? If yes to sulfa, was it

antibiotic or anti-inflammatory? morphine

What is the name of your Health Insurance Carrier?

What is the Policy Number?

What is the PCN number?

What is the BIN number?

What is the Group Number?

Insurance Phone Number? ((800)) 5-52-8

Rash Area Located?

Are you currently dealing with any of the following

Fungal Infection? active fungus that is causing discoloration

What area is the (fungal) issue located? (Please be specific) feet

Have you been diagnosed or are you currently dealing with Dry Mouth?

Do you suffer from Heartburn, GERD, Indigestion or acid reflux? yes

If yes, how long have you been experienced it?

Do you recall being tested for H. Pylori bacteria in your stomach? high blood pressure, cholesterol

Are there any other medical conditions you are dealing with?

What medications are you currently taking?

Are you currently pregnant? no

How often do you experience a common cough?

Are you aware of what is causing the cough?

Do you ever experience any other breathing Issues? Such as asthma, Bronchitis,

Emphysema?

Would you benefit from a multivitamin? YES

Consultation Notes: {{Consultation Notes}}

Signature

Date

From: Thomas Webster

Fax: 16314860160

To:

Fax: (212) 462-0040

Page: 87 of 96

09/26/2019 8:46 AM

Patient Name [REDACTED]

Address [REDACTED]

City/State/Zip EAST AMHERST [REDACTED]

DOB [REDACTED]

[REDACTED]

E-mail none

BIN # [REDACTED]

[REDACTED]

Ins. name UnitedHealthCare

Member ID # [REDACTED]

GRP # uhealth

Prescriber Name Dr. Thomas Webster

Address 185 Rykowski Lane, Suite 101

City Middletown New York 10941

Phone # (913) 226-2561

Fax

NPI 1154432094

DEA FW2263591

Allergies
NKA

Substitutions are applicable if patients insurance does not cover prescribed medication. By signing this prescription, prescriber is authorizing pharmacy to substitute as necessary.

Pain Lower back

Rash NONE

Cold Sores

Scar none

Fungal

NONE

☒ Ketoprofen 25 mg Capsules 3 Refills
Ketoprofen 25 mg Capsules

Sig: Take 2 Capsules by mouth every four hours as needed

QTY: 300 Caps

*If the above RX is NOT covered under the patients insurance, please substitute with the following RX

Fencprofen 200 mg Capsule

Sig: TAKE 1-2 CAPSULES BY MOUTH UP TO FOUR TIMES DAILY AS NEEDED FOR PAIN QTY: 200 Caps

*If the above RX is NOT covered under the patients insurance, please substitute with the following RX

Allizital 25mg Butabital Q25 Acetaminophen Take two tablets by mouth every four hours as needed. Do not exceed 12 tablets per day QTY: 100 Tablets

☐ Oxiconazole Nitrate 1% 3 Refills
Oxiconazole Nitrate 1%

Sig: Apply 2-3 gms to affected area(s) 3-4 times daily (1 gram = 1 dime size) QTY: 240 Grams

☐ Omeprazole Sodium Bicarbonate 20/1100mg 3 Refills
Omeprazole Sodium Bicarbonate 20/1100mg

Sig: Take one capsule by mouth once daily on empty stomach at least one hour before meal QTY: 30 Capsules

☒ Benzonatate Capsules 150mg 3 Refills
Benzonatate Capsules 150mg

Sig: Take 1 capsule by mouth up to 3 times daily as needed for cough QTY: 90 Caps

☒ Bunsal HP 3 Refills
Bunsal HP

Sig: APPLY 1-2 GRAMS TO AFFECTED AREAS 4 TIMES A DAY. 1 gram = dime size QTY: 240 Grams

& Hydrocortisone Butyrate 1% Cream

Sig: Apply a thin layer (1-2 gms) to affected area(s) 3 times a day. 1 gram = dime size QTY: 240 Grams

& Lidocaine 7% / Tetracaine 7% Cream

Sig: Apply a thin layer (1-2 gms) to affected area(s) 3-4 times a day Peel off after waiting the required application time as directed (max application time of 60 minutes. 1 gram = dime size QTY: 240 Grams

& Chlorzoxazone 250 mg

Sig: TAKE 2 TABLETS 3 TO 4 TIMES DAILY AS NEEDED FOR PAIN AND MUSCLE SPASM QTY: 240 qty

Anyone that receives a topical pain medication shall also be prescribed Entry Spray (below) to assist with the skin after use

Entry Spray

Sig: Spray a small amount to affected area 4 times daily (or after other topical use) 1 SPRAY = 2mL QTY: 250 ml

☒ Patient agrees automatic refills

☒ Hydrocortisone Butyrate 1% Cream 3 Refills
Hydrocortisone Butyrate 1% Cream

Sig: Apply a thin layer (1-2 gms) to affected area(s) 3 times a day. 1 gram = dime size QTY: 240 Grams

& Bunsal HP

Sig: Apply 2-3 GMS TO AA(s) 3-4 times daily (1 gram = 1 dime size) QTY: 240 Grams

Entry Spray

Sig: Spray a small amount to affected area 4 times daily (or after other topical use) 1 SPRAY = 2mL QTY: 250 ml

☐ Sitavig 50mg 3 Refills
Sitavig 50mg

Sig: Apply 1 tablet orally of the round side of SITAVIG to your upper gum. The flat side will be facing the inside of your lip. Hold SITAVIG in place by applying a slight pressure with your finger on the outside of your upper lip, over the area where SITAVIG is placed, for 30 seconds QTY: 8 30 Day Supply

☐ Sil-k 2' x 5.5 Pad 3 Refills
Sil-k 2' x 5.5 Pad

Peel off the strip and place the sticky side of the pad directly onto the scar. Leave on for 8-12 hours per day then remove QTY: 4 30 Day Supply

☒ Vitamin 3 Refills
Genicin Vita-s Tablet 1mg-100mg 300mcg

Take one tablet by mouth twice daily 60 qty

*If the above RX is NOT covered under the patients insurance, please substitute with the following RX

Azescio 13mg IRON/1 MG FOLIC ACID

Sig: Take one tablet by mouth twice daily 60 qty

*If the above RX is NOT covered under the patients insurance, please substitute with the following RX

Ortho DF

Sig: Take 1 tablet by mouth twice daily 2 Bottles 30 Day supply Vitamin D3 3775 IU 944% Folic Acid 1 mg 250% 60 Capsules

*If the above RX is NOT covered under the patients insurance, please substitute with the following RX

Xyzbac

Sig: Take by mouth twice daily Vitamin C (as ascorbic acid) 125 mg 208% -Vitamin D3 (as cholecalciferol) 500 IU 125% Thiamin (Vitamin B1 as thiamin HCl) 25 mg 1,997% Vitamin B6 (as pyridoxal 5' phosphate) 12.5 mg 825% Folic Acid 1 mg 250% Vitamin B12 (as methylcobalamin) 1 mg 18,667% NADH (reduced nicotinamide-adenine dinucleotide) 5 mg *CoEnzyme Q-10 (ubiquinone) 50 mg 2 Bottles 30 Days

☐ Glumetza 3 Refills
Glumetza

Dispense 30 Tablets Sig: Take one tablet by mouth once a day 500mg

Signature


 Thomas Webster (Sep 25, 2019)

Date Sep 25, 2019

From: Thomas Webster Fax: 16314860160 To: Fax: (212) 462-0040 Page: 88 of 96 09/26/2019 8:46 AM

Consultation Notes

Where are the scars located? none

What caused the scars?

Are you experiencing Pain? YES

How often do you feel pain? Daily

Does the pain come during activity? Yes

At what time do you feel the pain? During the day

On a scale of 1-10, how would you rate the severity of pain? 7

What areas of your body are you experiencing pain? Lower back

What type of pain? Aching, Dull

Do you have health insurance? Yes

Are you under 65?

Do you have Arthritis? No

Are you Diabetic? No

Allergic to Medications? No

Allergic Medications (if yes to lidocaine, oral or topical? if yes to sulfa, was it antibiotic NKA
or anti-inflammatory?

What is the name of your Health Insurance Carrier? UnitedHealthCare

What is the Policy Number?

What is the PCN number?

What is the BIN number?

What is the Group Number? uhealth

Insurance Phone Number? 866 414-1959

Rash Area Located?

Are you currently dealing with any of the following? Elbows

Fungal infection?

What area is the (fungal) issue located? (Please be specific) NONE

Have you been diagnosed or are you currently dealing with Dry Mouth? NO

Do you suffer from Heartburn, GERD, indigestion or acid reflux? NO

If yes, how long have you been experienced it?

Do you recall being tested for H. Pylori bacteria in your stomach?

Are there any other medical conditions you are dealing with? bipolar

What medications are you currently taking? bilopy, solac

Are you currently pregnant? NO

How often do you experience a common cough? 3-4 times a year

Are you aware of what is causing the cough? weather cold

Do you ever experience any other breathing issues? Such as asthma, Bronchitis,
Emphysema? None currently

Would you benefit from a multivitamin? YES

Consultation Notes: ((Consultation Notes))

Signature

Date

Medication Order

Prescriber

Name: Dr. Leonard Meggs
Address: 2741 Clover Street
City: Pittsford New York 01453
Phone: (914) 420-2468
Fax: AM1423526
NPI: 1265521793
DEA: AM1423526

Signature: Leonard Meggs MD
Date: Sep 30, 2019

Situations are applicable if patient's insurance does not cover prescribed medication. By signing this prescription, prescriber is authorizing pharmacy to substitute as necessary.

Patient

Name: [REDACTED]
Address: [REDACTED]
City/State/Zip: [REDACTED]
DOB: [REDACTED]
Phone: [REDACTED]
Email: [REDACTED]
PN# [REDACTED]
BIN# [REDACTED]
ADV [REDACTED]
Ins. Name [REDACTED]
Caremark [REDACTED]
Member ID# [REDACTED]
GRP# [REDACTED]

Active fungus that is c Feet
Fungal
Cold Sores
Left Knee
Neck
Rash
Scal
hands and legs

Allergies: NKA

Patent approves automatic refills: Y

Medication Order

1. **R/Fenoplon 400mg**
Sig: Take 1 capsule by mouth 3 to 4 times daily as needed for joint or arthritis pain. QTY: 120 Capsules
*The above Rx is NOT covered under the patient's insurance.
Please substitute with the following Rx:
Ketoprofen 25 mg Capsules
Sig: Take 2 Capsules by mouth every four hours as needed. QTY: 300 Caps
*The above Rx is NOT covered under the patient's insurance.
Please substitute with the following Rx:
Fenoplon 200 mg Capsules
Sig: TAKE 1-2 CAPSULES BY MOUTH UP TO FOUR TIMES DAILY AS NEEDED FOR PAIN QTY:
200 Caps
*The above Rx is NOT covered under the patient's insurance.
Please substitute with the following Rx:
Atrial: 25mg Butabital 825 Acetaminophen
Take two tablets by mouth every four hours as needed. Do not exceed 12 tablets per day. QTY: 100
*The above Rx is NOT covered under the patient's insurance.
Please substitute with the following Rx:
2. **Glumetza Dispense 30 Tablets**
Sig: Take one tablet by mouth once a day. 500mg
3. **Ortho DR**
Sig: Take 1 Capsule by mouth twice daily 2.8888
1 mg 250% 50 Capsules
*The above Rx is NOT covered under the patient's insurance.
Please substitute with the following Rx:
4. **Azascio 10mg 100mg 300mg**
Sig: Take one tablet by mouth twice daily 60 qty
*The above Rx is NOT covered under the patient's insurance.
Please substitute with the following Rx:
5. **Genicin 10mg Tablet 1mg-100mg 300mg**
Sig: Apply 1 tablet orally of the round side of SITAVIA to your upper gum. The flat side will be the outside of your upper lip, over the area where by applying a slight pressure with your finger on the outside of your upper lip, over the area where SITAVIA is placed, for 30 seconds. QTY: 80 Day Supply

From: Leonard Meggs Fax: 13157415679 To: Fax: (212) 462-0040 Page: 8 of 96 10/01/2019 8:52 AM

Consultation Notes

Where are the scars located? hands and legs

What caused the scars? operation

Are you experiencing Pain? YES

How often do you feel pain? Daily

Does the pain come during activity? Yes

At what time do you feel the pain? During the day

On a scale of 1-10, how would you rate the severity of pain? 10

What areas of your body are you experiencing pain? Left Knee

What type of pain? Aching

Do you have health insurance? Yes

Are you under 65?

Do you have Arthritis? No

Are you Diabetic? No

Allergic to Medications? No

Allergic Medications (If yes to lidocaine, oral or topical? If yes to sulfa, was it

antibiotic or anti-inflammatory? NKA

What is the name of your Health Insurance Carrier? Caremark

What is the Policy Number? [REDACTED]

What is the PCN number? ADV

What is the BIN number? [REDACTED]

What is the Group Number? [REDACTED]

Insurance Phone Number? 888 888-8888

Rash Area Located?

Are you currently dealing with any of the following Neck

Fungal infection? Active fungus that is causing discoloration

What area is the (fungal) issue located? (Please be specific) Feet

Have you been diagnosed or are you currently dealing with Dry Mouth? NO

Do you suffer from Heartburn, GERD, indigestion or acid reflux? NO

If yes, how long have you been experienced it?

Do you recall being tested for H. Pylori bacteria in your stomach?

Are there any other medical conditions you are dealing with? n

What medications are you currently taking?

Are you currently pregnant? NO

How often do you experience a common cough? sometimes

Are you aware of what is causing the cough? weather

Do you ever experience any other breathing issues? Such as asthma, Bronchitis,

Emphysema? None currently

Would you benefit from a multivitamin? YES

Consultation Notes: {{Consultation Notes}}

Signature

Date

[REDACTED]

[REDACTED]

PATIENT INFORMATION

PRESCRIBER INFORMATION

Patient Name: [REDACTED] DOB: [REDACTED]

Street Address: [REDACTED]

City/State/Zip: BROOKLYN NY 11225

Phone: [REDACTED] Email: none@none.com

ALLERGIES: Percocat

INSURANCE NAME: Express Scripts

BIN: [REDACTED] MEMBER ID: [REDACTED]

GROUP: NONE PCN: [REDACTED]

Prescriber: Dr. Nahesi Lambert-Doorn

NPI#: 1265965911 DEA#: FL3497597

Street Address: 924 Glenwood Rd.

City/State/Zip: West Hempstead NY 11552

Phone: (516) 451-9680 Fax: [REDACTED]

Pain Area(s): Lower Back, Left Knee, Right Knee


Scar Area(s): Hands, Elbows

Rash Area(s): [REDACTED]

Fungal Area(s): None

Patient approves automatic refills ☐

Date Oct 21, 2019

Signature  Nahesi Lambert-Doorn, MD (44121, 2636)

MEDICATION ORDER

- ☐ **RX Fenoprofen 400mg Sig:** Take 1 capsule by mouth 3 to 4 times daily as needed for joint or arthritis pain QTY: 120 Capsules

*If the above RX is NOT covered under the patient's insurance, please substitute with the following RX

Ketoprofen 25 mg Capsules Sig: Take 3 Capsules by mouth every four hours as needed QTY: 300 Caps

*If the above RX is NOT covered under the patient's insurance, please substitute with the following RX

Fenoprofen 200 mg Capsule Sig: TAKE 1-2 CAPSULES BY MOUTH UP TO FOUR TIMES DAILY AS NEEDED FOR PAIN QTY: 200 Caps

Refills:

- ☐ **Oxiconazole Nitrate 1% Sig:** Apply 2-3 gms to affected area(s) 3-4 times daily (1 gram = 1 Dime size) QTY: 240 Grams

Refills:

- ☐ **Omeprazole/Sodium Bicarbonate 20/1100mg Sig:** Take one capsule by mouth once daily on empty stomach at least one hour before meal. QTY: 30 Capsules

Refills:

- ☒ **Benzonatate Capsules 150mg Sig:** Take 1 capsule by mouth up to 3 times daily as needed for cough QTY: 90 Caps

Refills:

- ☐ **Prodigen Probiotic Support 31 Billion CFU's Sig:** TAKE 1 CAPSULE BY MOUTH EVERYDAY AS NEEDED 30 Caps

Refills:

- ☒ **Bensal HP Sig:** APPLY 1-2 GRAMS TO AFFECTED AREAS 4 TIMES A DAY. 1 gram = dime size QTY: 240 Grams

& Hydrocortisone Butyrate 1% Cream Sig: Apply a thin layer (1-2 gms) to affected area(s) 3 times a day. 1 gram = dime size QTY: 240 Grams

& Lidocaine 7% /Tetracaine 7% Cream Sig: Apply a thin layer (1-2 gms) to affected area(s) 3-4 times a day Peel off after waiting the required application time as directed. (max application time of 60 minutes. 1 gram = dime size QTY: 240 Grams

& Chlorzoxazone 250 mg Sig: TAKE 2 Tablets 3 TO 4 TIMES DAILY AS NEEDED FOR PAIN AND MUSCLE SPASM QTY: 240 Tabs

Anyone that receives a topical pain medication shall also be prescribed Enty Spray (below) to assist with the skin after use

Enty Spray Sig: Spray a small amount to affected area 4 times daily (or after other topical use) 1 SPRAY = 2ML QTY: 250 ml

Refills:

- ☐ **Hydrocortisone Butyrate 1% Cream Sig:** Apply a thin layer (1-2 gms) to affected area(s) 3 times a day. 1 gram = dime size QTY: 240 Grams

& Bensal HP Sig: Apply 2-3 GMS to AA(s) 3-4 times daily (1 gram = 1 dime size) QTY: 240 Grams

Enty Spray Sig: Spray a small amount to affected area 4 times daily (or after other topical use) 1 SPRAY = 2ML QTY: 250 ml

Refills:

- ☐ **Sil-k 2'x 5.5 Pad** Peel off the strip and place the sticky side of the pad directly onto the scar. Leave on for 8-13 hours per day then remove QTY: 4 30 Day Supply

Refills:

- ☐ **Sitavig 50mg Sig:** Apply 1 tablet orally of the round side of SITAVIG to your upper gum. The flat side will be facing the inside of your lip. Hold SITAVIG in place by applying a slight pressure with your finger on the outside of your upper lip, over the area where SITAVIG is placed, for 30 seconds. QTY: 3 30 Day Supply

Refills:

- ☒ **Genicin Vita-s Tablet 1mg-100mg 300mcg** Take one tablet by mouth twice daily 60 Tabs

*If the above RX is NOT covered under the patient's insurance, please substitute with the following RX

Azescio 13mg IRON/1MG FOLIC ACID Sig: Take one tablet by mouth twice daily 60 Tabs

*If the above RX is NOT covered under the patient's insurance, please substitute with the following RX

Ortho DF Sig: Take 1 Capsule by mouth twice daily 2 Bottles 30 Day supply Vitamin D3 3775 IU 94496, Polio Acid 1 mg 250% 60 Capsules

*If the above RX is NOT covered under the patient's insurance, please substitute with the following RX

Xyzbac Sig: Take 1 tablet by mouth twice daily: Vitamin C (as ascorbic acid) 125 mg 208% Vitamin D3 (as cholecalciferol) 500 IU 125% Thiamin (Vitamin B1 as thiamin HCl) 25 mg 1.667% Vitamin B6 (as pyridoxal 5' phosphate) 12.5 mg 625% Folic Acid 1 mg 25 0% Vitamin B12 (as methylcobalamin) 1 mg 16.667% NADH (reduced nicotinamide-adenine dinucleotide) 5 mg *CoEnzyme Q-10 (ubiquinone) 50 mg 2 Bottle = 30 Days

Refills:

- ☐ **DIHYDROERGOTAMINE 4 MG/ML SPRY** Use 1 spray into each nostril. Do not tilt your head back, sniff through your nose, or blow your nose while spraying or immediately after. Use another spray into each nostril 15 minutes after the first sprays, or use as directed by your doctor. QTY: 8 ML

Refills:

CONSULTATION NOTES

Where are the scars located?

What caused the scars?

Are you experiencing Pain?

How often do you feel pain? every other day

Does the pain come during activity? yes

At what time do you feel the pain? during the day

On a scale of 1-10, how would you rate the severity of pain? 7

What areas of your body are you experiencing pain?

What type of pain? Aching, Dull

Do you have health insurance? Yes

Are you under 65? Yes

Do you have Arthritis? yes

Are you Diabetic? no

Allergic to Medications? yes

Allergic Medications (if yes to lidocaine, oral or topical? If yes to sulfa, was it antibiotic or anti-inflammatory? Percocet

What is the name of your Health Insurance Carrier? Express Scripts

What is the Policy Number?

What is the PCN number?

What is the BIN number? [REDACTED]

What is the Group Number? NONE

Insurance Phone Number? (800) 282-2881

Rash Area Located?

Are you currently dealing with any of the following Fungal infection?

What area is the (fungal) issue located? (Please be specific) None

Have you been diagnosed or are you currently dealing with Dry Mouth? Do you suffer from Heartburn, GERD, indigestion or acid reflux? no yes

If yes, how long have you been experienced it?

Do you recall being tested for H. Pylori bacteria in your stomach? none

Are there any other medical conditions you are dealing with? back vertebrae nerve damage; severe asthma; severe pain;

What medications are you currently taking? GABAPENTIN 400 mg/1 ibuprofen 400 mg/301 TRAMADOL HYDROCHLORIDE 300 mg/1 CYC

Are you currently pregnant? no

How often do you experience a common cough? a lot

Are you aware of what is causing the cough? asthma; bronchitis; very specific;

Do you ever experience any other breathing issues? Such as asthma, Bronchitis, Emphysema?

Bronchitis, Asthma

Would you benefit from a multivitamin? Yes

Consultation Notes:

Signature

Date